

## Appendix A

### Official Policy and Position Statements on SOGICE from Major Professional Associations

**American Academy of Child and Adolescent Psychiatry**, *The AACAP Policy on “Conversion Therapies”* (2018), available at [https://www.aacap.org/aacap/Policy\\_Statements/2018/Conversion\\_Therapy.aspx](https://www.aacap.org/aacap/Policy_Statements/2018/Conversion_Therapy.aspx).

The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents.

**American Academy of Pediatrics**, *Homosexuality and Adolescence*, 92 *Pediatrics* 631, 633 (1993), available at <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>.

Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.

**American Association for Marriage and Family Therapy**, *AAMFT Position on Reparative/Conversion Therapy* (2009), available at [https://www.aamft.org/About\\_AAMFT/Pos\\_on\\_couples.aspx#:~:text=AAMFT%20believes%20that%20all%20couples,benefits%2C%20protection%2C%20and%20responsibility](https://www.aamft.org/About_AAMFT/Pos_on_couples.aspx#:~:text=AAMFT%20believes%20that%20all%20couples,benefits%2C%20protection%2C%20and%20responsibility).

[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative or conversion therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available.

**American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians***, Ann Intern Med. Published Online (2015), available at <http://annals.org/article.aspx?articleid=2292051>.

[Position] 8. *The College opposes the use of “conversion,” “reorientation,” or “reparative” therapy for the treatment of LGBT persons.*

[. . .]

Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons. Research done at San Francisco State University on the effect of familial attitudes and acceptance found that LGBT youth who were rejected by their families because of their identity were more likely than their LGBT peers who were not rejected or only mildly rejected by their families to attempt suicide, report high levels of depression, use illegal drugs, or be at risk for HIV and sexually transmitted illnesses. The American Psychological Association literature review found that reparative therapy is associated with the loss of sexual feeling, depression, anxiety, and suicidality.

**American Counseling Association, *Ethical Issues Related to Conversion or Reparative Therapy*** (2013), available at <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>.

The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement “opposing the promotion of reparative therapy as a cure for individuals who are homosexual.” . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients . . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA’s position and the Ethics Committee’s statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics.

**American Medical Association Council on Scientific Affairs**, *Health Care Needs of Gay Men and Lesbians in the United States*, 275 J. Am. Med. Ass’n 1354 (1996), available at <http://jama.jamanetwork.com/article.aspx?articleid=401656>.

Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it.

**American Medical Association**, *Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations* H-160.991 (reaffirmed 2018), available at <https://policysearch.ama-assn.org/policyfinder/detail/conversion%20therapy?uri=%2FAMADoc%2FHOD.xml-0-805.xml>.

Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) *opposes, the use of “reparative” or “conversion” therapy for sexual orientation or gender identity.* (emphasis added).

**American Psychiatric Association**, *Position Statement on Issues Related to Sexual Orientation and Gender Minority Status* (2020), available at <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf>.

[The] APA condemns any practice that aims to change one's sexual orientation or gender expression in the form of conversion therapy, or any other similar type of therapy, as ethically and morally wrong and, additionally, these practices represent a significant risk of harm by subjecting individuals to forms of treatment that have not been scientifically validated[.]

**American Psychoanalytic Association**, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012), available at <https://apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

The American Psychoanalytic Association affirms the right of all people to their sexual orientation, gender identity and gender expression without interference or coercive interventions attempting to change sexual orientation, gender identity or gender expression.

As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to “convert,” “repair,” change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.

**American Psychological Association**, *Resolution on Sexual Orientation Change Efforts* (2021), available at <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf>.

Be it further resolved that after identifying ethical issues . . . and empirical problems . . . with SOCE, and after reviewing scientific evidence on SOCE published since 2009, the APA affirms SOCE puts individuals at significant risk of harm;

Be it further resolved that the APA opposes SOCE because of their association with harm.

Be it further resolved that the APA opposes any efforts by mental health professionals that aim at a specific, predetermined sexual orientation or gender-expression outcome or that prescribe a particular sexual orientation or identity;

Be it further resolved that, consistent with the APA (2009) Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation and research since that report, the APA urges psychologists to assist patients seeking SOCE to understand the dangers of SOCE, the lack of research showing efficacy, the societal contexts of heterosexism and monosexism, and the internalized stigma that results from these contexts, and to use acceptance, support, comprehensive assessment, active coping, social support, and identity exploration and development, within a culturally competent framework[.]

**American Psychological Association**, *Resolution on Gender Identity Change Efforts* (2021), available at <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>.

Be it further resolved that consistent with the APA definition of evidence-based practice (APA, 2005), the APA affirms that scientific evidence and clinical experience indicate that GICE put individuals at significant risk of harm;

Be it further resolved that the APA opposes GICE because such efforts put individuals at significant risk of harm and encourages individuals, families, health professionals, and organizations to avoid GICE;

Be it further resolved that APA opposes the idea that incongruence between sex and gender is a mental disorder (Hill et al., 2010; SAMHSA, 2015; WHO).

Be it further resolved that after reviewing scientific evidence on GICE harm, affirmative treatments, and professional practice guidelines, the APA affirms GICE are associated with reported harm.

Be it further resolved that the APA opposes GICE because of their association with harm.

**American School Counselor Association**, *The Professional School Counselor and LGBTQ Youth* (2016), available at <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-LGBTQ-Youth>.

The school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the school counselor's role to attempt to change a student's sexual orientation or gender identity. School counselors recognize the profound harm intrinsic to therapies alleging to change an individual's sexual orientation or gender identity (SAMHSA, 2015) and advocate to protect LGBTQ students from this harm. School counselors provide support to LGBTQ students to promote academic achievement and social/emotional development. School counselors are committed to the affirmation of all youth regardless of sexual orientation, gender identity and gender expression and work to create safe and affirming schools.

**National Association of Social Workers**, *Sexual Orientation Change Efforts (SOCE) and Conversion Therapy with Lesbians, Gay Men, Bisexuals, and Transgender Persons* (2015), available at <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>.

The practice of SOCE violates the very tenets of the social work profession as outlined in the NASW Code of Ethics. The NASW Code of Ethics (1998) enunciates principles that address ethical decision making in social work practice with lesbians, gay men, bisexual, and transgender people; for example: 1) social workers' commitment to clients' self-determination and competence, and to achieving cultural competence and understanding social diversity, 2) social

workers' ethical responsibilities to colleagues, their commitment to interdisciplinary collaboration, and their responsibility to report unethical conduct of colleagues, 3) social workers' ethical responsibilities as professionals—maintaining competence, fighting discrimination, and avoiding misrepresentation, and 4) social workers' ethical responsibilities to the social work profession, to evaluation, and to research.

**Pan American Health Organization: Regional Office of the World Health Organization,** *“Cures” for an Illness That Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable* (2012), available at [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=17703](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703).

“Reparative” or “conversion therapies” have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.

**Just the Facts Coalition** (Endorsed by American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance Foundation, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, national Education Association, School Social Work Association of America), *Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel* (2008), available at <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.

The most important fact about [reparative therapy and sexual orientation conversion therapy] is that is that they are based on a view of homosexuality that has been rejected by all the major mental health professions. . . . [E]fforts [to change sexual orientation through therapy] have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay, and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure.